Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Nancy Pelosi for Congress 1032 15th Street NW ADDRESS (number and street) (Check if address Suite 247 is changed) Washington DC 20005 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS reporting@premier-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.PelosiforCongress.org (Check if address is changed) DATE 2023 C00213512 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Swig, Steven, , , Type or Print Name of Treasurer Swig, Steven, , , [Electronically Filed] 02 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

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	TYPE OF COMMITTEE:					
	Candidate Committee:					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate				
	Name of Candidate Pelosi, Nancy, , ,					
	Candidate Party Affiliation DEM Office Sought: House President	State CA District 11				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	rty Committee:					
	(d) This committee is a (National, State (Democrati or subordinate) committee of the Republican	ic, ı, etc.) Party				
	Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
	Corporation Corporation w/o Capital Stock Labor C	Organization				
	Membership Organization Trade Association Cooper	ative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	g) This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC.					
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or the contributions are the contributions.	or more political				
	committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Committees Participating in Joint Fundraiser					
	1 C					

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۷	Vrite or Type Committee Name			
	Nancy Pelosi f	or Congress		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Nancy Pelosi Victory Fund			
	Ivalicy Felosi victory	y Funa 		
	Mailing Address	430 South Capitol Street, SE		
	Ü			
		Washington	DC 20003	-
		CITY ▲ S	 STATE ▲	ZIP CODE ▲
	Relationship: Connected	I Organization Affiliated Organization X Joint Fundraising F	Bepresentative	Leadership PAC Sponso
		o o o o o o o o o o o o o o o o o o o		
— 7.	Custodian of Records: Iden	tify by name, address (phone number optional) and position of t	the nerson in nosses	sion of committee
<i>'</i> .	books and records.	thy by flame, address (prione flamber—optionar) and position of	the person in posses	sion of committee
	Swig, Stev	ven, , ,		
	Full Name			
	Mailing Address	1032 15th Street NW		
		Suite 247		
		Washington	DC 20005	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone numb	er	
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the cassistant treasurer).	committee; and the n	ame and address of
	Full Name Swig, Stev	ven, , ,		
	of Treasurer			
	Mailing Address	1032 15th Street NW		
		Suite 247		
		Washington	DC 20005	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone numb	er	

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Full Name of Designated Agent	Kurek, Melissa, , ,				
Mailing Address	1032 15th St NW Suite 247				
	Washington	DC	20005		
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
Assistant Treasu	er	ne number			
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the codes or maintains funds.	ommittee deposits fu	inds, holds accounts, rents		
Name of Bank, D	epository, etc.				
	Amalgamated Bank				
Mailing Address	1825 K St NW				
	Washington	DC	20006		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, D	Name of Bank, Depository, etc.				
	Bank of America				
Mailing Address	1800 K St NW				
	4th Floor				
	Washington	DC	20006		
	CITY ▲	STATE ▲	ZIP CODE ▲		